

Asbestos Training Provider Recognition Application AAC-3

Louisiana Department of Environmental Quality OES – Permit Support Services Division Notifications and Accreditations Section P.O. Box 4313, Baton Rouge, LA 70821-4313

(225) 219-3273 Fax (225) 219-3310

DEQ Use Only		
Check No.	AI No.	
Date	Amount	

**Please Note: Applications are not being accepted for Out-of-State Training Providers unless the Out-of-State training provider has a training facility located within the state. Classroom style area with adequate seating, writing space, and instruction equipment are required.

Training Provider Recognition No	Al No	
I. Applicant Information: (please print or ty	ype)	
Training Provider Name:		☐ Initial ☐ Renewa
Contact Person:	Title:	E-mail:
Business Address:		Website address:
City:	State:	Zip:
Phone: ()	Fax: ()	
Eme III. Are you recognized or approved by any If yes, specify state and name of compar IV. Indicate discipline(s) for which compar	mal Processing: \$396 rgency Processing: \$594 y other state to teach asbestos county: my is seeking recognition:	rses? Yes No
List location(s) and description of facilities	where course(s) will be offered.	
Location		Facility Description
V. Description of equipment available for l	hands-on-training:	
VI. List the names of the principal instructor Name	ors and contact information: Telephone No. () () ()	Email Address:
d. All course notifications/changes/cand	mum requirements established in ons described in LAC 33.III. 2799 wrials will be used or course matericallations will be provided in advantage.	LAC 33.III. 2799.F.
Signed:(Training Manager/Owner/I	Representative)	(Date)